

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213509165		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Animal Agriculture Alliance</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KAY JOHNSON SMITH 2101 WILSON BLVD STE 916B ARLINGTON, VA 22201</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ARLINGTON COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DC</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2013</p> <p>SCC ID NO: F1171174</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2101 WILSON BLVD., STE 916-B</p> <p style="text-align: center;">CITY/ST/ZIP: ARLINGTON, VA 22201</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KAY N JOHNSON TITLE: PRESIDENT ADDRESS: 2101 WILSON BLVD, ST 916-B CITY/ST/ZIP/CO: ARLINGTON, VA 22201 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KAY N JOHNSON TITLE: PRESIDENT ADDRESS: 2101 WILSON BLVD, ST 916-B CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KAY N JOHNSON TITLE: PRESIDENT ADDRESS: 2101 WILSON BLVD, ST 916-B CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CHRISTOPHER ASHWORTH TITLE: CHAIRMAN ADDRESS: 3400 GLEN FLORA WAY CITY/ST/ZIP/CO: FORT SMITH, AR 72908 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CHRISTOPHER ASHWORTH TITLE: CHAIRMAN ADDRESS: 3400 GLEN FLORA WAY CITY/ST/ZIP/CO: FORT SMITH, AR 72908	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER ASHWORTH TITLE: CHAIRMAN ADDRESS: 3400 GLEN FLORA WAY CITY/ST/ZIP/CO: FORT SMITH, AR 72908	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ADNAN AYDIN TITLE: DIRECTOR ADDRESS: 176 ORCHARD LN CITY/ST/ZIP/CO: HARLEYSVILLE, PA 19438 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ADNAN AYDIN TITLE: DIRECTOR ADDRESS: 176 ORCHARD LN CITY/ST/ZIP/CO: HARLEYSVILLE, PA 19438	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ADNAN AYDIN TITLE: DIRECTOR ADDRESS: 176 ORCHARD LN CITY/ST/ZIP/CO: HARLEYSVILLE, PA 19438	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PETE BLOCK TITLE: DIRECTOR ADDRESS: 1755 WEST LAKES PARKWAY CITY/ST/ZIP/CO: P.O. BOX 65190 WEST DES MOINES, IA 50266 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PETE BLOCK TITLE: DIRECTOR ADDRESS: 1755 WEST LAKES PARKWAY CITY/ST/ZIP/CO: P.O. BOX 65190 WEST DES MOINES, IA 50266	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DON BUTLER TITLE: DIRECTOR ADDRESS: P.O. BOX 856 CITY/ST/ZIP/CO: WARSAW, NC 28398 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DON BUTLER TITLE: DIRECTOR ADDRESS: P.O. BOX 856 CITY/ST/ZIP/CO: WARSAW, NC 28398	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JEFF CANNON TITLE: DIRECTOR ADDRESS: P.O. BOX 74570 CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52405 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JEFF CANNON TITLE: DIRECTOR ADDRESS: P.O. BOX 74570 CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52405	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JEFF CANNON TITLE: DIRECTOR ADDRESS: P.O. BOX 74570 CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52405	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	JOHN GRAETTINGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35500 W 91ST STREET		
CITY/ST/ZIP/CO:	DE SOTO, KS 66018		
NAME:	GENE GREGORY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1720 WINDWARD CONCOURSE		
CITY/ST/ZIP/CO:	SUITE 230 ALPHARETTA, GA 30005		
NAME:	DALLAS HOCKMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 10383		
CITY/ST/ZIP/CO:	DES MOINES, IA 50322		
NAME:	BARBARA JACKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3301 N FREEWAY ROAD		
CITY/ST/ZIP/CO:	TUSCON, AZ 85705		
NAME:	JAMIE JONKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2101 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 400 ARLINGTON, VA 22201		
NAME:	SHERRIE NIEKAMP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 NW 114TH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50325		
NAME:	SARAH NOVAK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2101 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 916 ARLINGTON, VA 22201		
NAME:	PETER ORWICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9785 MAROON CIRCLE		
CITY/ST/ZIP/CO:	SUITE 360 CENTENNIAL, CO 80112		
NAME:	ASHLEY PETERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1015 15TH STREET NW		
CITY/ST/ZIP/CO:	SUITE 930 WASHINGTON, DC 20005		
NAME:	AARON PUTZE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1255 SW PRAIRIE TRAIL PARKWAY		
CITY/ST/ZIP/CO:	ANKENY, IA 50023		

NAME:	DONNA STEPHENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	701 PNNSYLVANIA AVENUE NW		
CITY/ST/ZIP/CO:	SUITE 720 WASHINGTON, DC 20004		
NAME:	MARY KAY THATCHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 MARYLAND AVENUE SW		
CITY/ST/ZIP/CO:	SUITE 1000W WASHINGTON, DC 20024		
NAME:	DEREK YANCEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15121 WELD COUNTY ROAD 32		
CITY/ST/ZIP/CO:	PLATTEVILLE, CO 80651		
NAME:	ROSS WILSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5501 I-40 WEST		
CITY/ST/ZIP/CO:	AMARILLO, TX 79106		
NAME:	JOEL BRANDENBERGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1225 NEW YORK AVE., NW		
CITY/ST/ZIP/CO:	SUIT E400 WASHINGTON, DC 20005		
NAME:	PAUL PRESSLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1530 COOLEDGE ROAD		
CITY/ST/ZIP/CO:	TUCKER, GA 30084		
NAME:	ROBERT HAGEVOORT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2346 STATE ROAD 288		
CITY/ST/ZIP/CO:	CLOVIS, NM 88101		
NAME:	BILLY FREY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3031 CATNIP HILL PIKE		
CITY/ST/ZIP/CO:	NICHOLASVILLE, KY 40356		
NAME:	MARK ETIENNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1101 SKOKIE BLVD., SUITE 400		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		
NAME:	ANGELA BAYSINGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2216 ROAD 6800		
CITY/ST/ZIP/CO:	BRUNING, NE 68322		
NAME:	KATHY SIMMONS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 PENNSYLVANIA AVE, SUITE 300		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004		

NAME: SCOTT OLER TITLE: DIRECTOR ADDRESS: 10901 WEST 84TH TERRACE CITY/ST/ZIP/CO: PALMER, KS 66214	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD R OHLDE TITLE: DIRECTOR ADDRESS: 1579 4TH ROAD CITY/ST/ZIP/CO: PALMER, KS 66962	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ KAY N JOHNSON	KAY N JOHNSON, PRESIDENT	2/22/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		